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|---|---|---------------------------|---|---------------------------------------|----------------------------|
| APPLICANTS Matthew T. Groves, Alpharetta, GA; Jack C. White, Alpharetta, GA; James C. Cauthen, Lilburn, GA; <i>mrp</i> | | | | | |
| ** CONTINUING DATA ***** <i>None</i> <i>mrp</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>None</i> <i>mrp</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/20/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and Acknowledged <i>mrp Perky</i> Examiner's Signature Initials | | STATE OR COUNTRY GA | SHEETS DRAWING 6 | TOTAL CLAIMS 19 | INDEPENDENT CLAIMS 3 |
| ADDRESS 21302 | | | | | |
| TITLE Photographic imaging system for brachytherapy device verification <i>mrp</i> | | | | | |
| FILING FEE RECEIVED 450 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |